

Multicultural Youth Leadership Day at the Capitol

PARENT QUESTIONNAIRE

Purpose: This parent questionnaire helps the Office of Multicultural Affairs (MCA) see if they reach a diverse group of students during the Multicultural Youth Leadership Day at the Capitol. MCA invites you to complete the following form, because your child will attend the Leadership Day with their school.

Instructions: Your participation is voluntary. If you participate, please fill out the acknowledgement section and answer the questions. If you do not participate, please fill out the acknowledgement section ONLY, by marking "NO" and printing and signing your name.

Contact: Please contact Rozanna Benally-Sagg at 801-245-7210 or Jenny Hor at 801-245-7214.

ACKNOWLEDGEMENT

Will you participate in the parent questionnaire? *Select one.*

- ☐ YES, I will participate in the parent questionnaire. I understand the following:
- I am the parent or legal guardian of a child attending the Multicultural Youth Leadership Day at the Capitol.
 - The information I provide remains confidential.
 - The Utah Office of Multicultural Affairs collects this information to determine if they reach a diverse group of students during the Multicultural Youth Leadership Day at the Capitol.
- ☐ NO, I will not participate in the parent questionnaire.

Child's Name (please print) _____ Parent or Guardian's Name _____

Parent or Guardian's Signature _____ Date _____

1. What is your child's race and/or ethnic origin? *Select all that apply.*

- | | | |
|---|--|---|
| <input type="checkbox"/> Asian <ul style="list-style-type: none"><input type="checkbox"/> Chinese<input type="checkbox"/> Filipino | <input type="checkbox"/> Indian <ul style="list-style-type: none"><input type="checkbox"/> Japanese | <input type="checkbox"/> Vietnamese <ul style="list-style-type: none"><input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Black or African American <ul style="list-style-type: none"><input type="checkbox"/> Congolese<input type="checkbox"/> Eritrean | <input type="checkbox"/> Ethiopian <ul style="list-style-type: none"><input type="checkbox"/> Somali | <input type="checkbox"/> Sudanese <ul style="list-style-type: none"><input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Latino or Hispanic <ul style="list-style-type: none"><input type="checkbox"/> Guatemalan<input type="checkbox"/> Mexican | <input type="checkbox"/> Peruvian <ul style="list-style-type: none"><input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Salvadoran <ul style="list-style-type: none"><input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Native American or Alaska Native <ul style="list-style-type: none"><input type="checkbox"/> Goshute<input type="checkbox"/> Navajo | <input type="checkbox"/> Paiute <ul style="list-style-type: none"><input type="checkbox"/> Shoshone | <input type="checkbox"/> Ute <ul style="list-style-type: none"><input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Pacific Islander or Native Hawaiian <ul style="list-style-type: none"><input type="checkbox"/> Guamanian/Chamorro<input type="checkbox"/> Marshallese | <input type="checkbox"/> Native Hawaiian <ul style="list-style-type: none"><input type="checkbox"/> Samoan | <input type="checkbox"/> Tongan <ul style="list-style-type: none"><input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> White or Caucasian <ul style="list-style-type: none"><input type="checkbox"/> English<input type="checkbox"/> German | <input type="checkbox"/> Irish <ul style="list-style-type: none"><input type="checkbox"/> Scandinavian | <input type="checkbox"/> Scottish <ul style="list-style-type: none"><input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Some other race (please specify) _____ | | |

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2. What is your child's age?

☐

14

☐

15

☐

16

☐

17

☐

18

☐

19

3. What is your child's gender?

☐

Female

☐

Male

4. What is your child's grade?

☐

10

☐

11

☐

12

5. What language(s) does your child speak at home? *Select all that apply.*

☐ American Sign Language

☐ Arabic

☐ Bosnian

☐ Chinese

☐ English

☐ French

☐ German

☐ Navajo

☐ Portuguese

☐ Samoan

☐ Serbian

☐ Spanish

☐ Tongan

☐ Ute

☐ Vietnamese

☐ Other (please specify below)

6. How often do you speak to your child about college?

☐

Not at all

☐

1 time per 6 months

☐

1 time per month

☐

3 times per month

☐

1 time per week

7. What is important to your child? *Select all that apply.*

☐ Academics

☐ Extracurricular activities

☐ High school graduation

☐ Job training/Employment

☐ Active Participation in Communities

☐ College graduation

☐ Mentorship

☐ Health and well-being

☐ Volunteering

8. As a parent, what are your expectations for the Multicultural Youth Leadership Day at the Capitol? *Select all that apply.*

☐ Service to Others

☐ Community resources

☐ Diversity of thought

☐ Welcoming environments

☐ Work preparedness

☐ Leadership Development

Thank you!